Case Number:	CM13-0048494		
Date Assigned:	01/15/2014	**Date of Injury:**	10/17/2007
Decision Date:	04/22/2014	**UR Denial Date:**	10/25/2013
Priority:	Standard	**Application Received:**	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational and Environmental Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61-year-old male who was injured on 10/17/2007 while he was lifting a box weighing approximately 60 pounds. The prior treatment history includes a past surgical history of: 01/23/2012: Exploration of fusion mass, anterior discectomy with partial corpectomy C3-4, interbody fusion with use of PEEK 6 mm inter body cage, anterior plate fixation, intraoperative fluoroscopy, intraoperative neuromonitoring with SSEPs three and a half hours; 12/15/2011: Limb muscles chemodenervation; 07/30/2010: Cervical laminectomy and foraminotomy C4-C5; and 10/15/2009: A C4-C5, C5-C6 diskectomy and fusion, and spinal cord monitoring . The office visit dated 07/26/2013 indicated that the patient was diagnosed with fragments of torsion dystonia and tachycardia. In reviewing the clinical issues, the patient responded to the last round of injections very good again; stress can trigger some spasms, which is much milder and his heart rate is still very fast at times. The patient indicated that he has no pain on occasional over- the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs) doses. His medications at this time were albuterol (ProAir HFA); Folic acid; ibuprofen; lorazepam (Ativan); and simvastatin (Zocor). The objective findings on neurological examination revealed the exam to be normal. There was no abnormal involuntary movements of the left shoulder are noted. The patient was diagnosed with multifocal left shoulder and limb dystonia, well controlled with botulinum toxin injections with virtually perfect control and less breakthroughs driven by physical or psychological stress. The treatment and plan for this patient is to repeat injections to the previously targeted muscles, at the same doses in one (1) month. There is no documentation that a visual analog scale (VAS) was provided on exam and there is no documentation of cervical range of motion (ROM). The office visit dated 05/13/2013 indicated that the patient was in for his three (3) month BoNT injections. His clinical issues were a response to the last round of

injections and has been again very satisfactory. The patient is on lorazepam daily for anxiety, which occasionally may get dystonic movements back, but much slower ("like a turtle"). There is no documentation of cervical ROM or VAS. The office note dated 01/28/2013 did not document cervical ROM or VAS. The office note dated 12/20/2012 did not document cervical ROM or VAS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE REQUEST FOR BOTOX INJECTION 300 UNITS PROVIDED ON 10/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175,Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175,Chronic Pain Treatment Guidelines Botulinum toxin (BotoxÂ®; MyoblocÂ®) Page(s): 25-26.

Decision rationale: The MTUS/ACOEM Guidelines indicate that Botulinum toxin (Botox®; Myobloc® injection is shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia (a disorder that is non-traumatic and non-work related). The Chronic Pain Guidelines indicate that Botulinum toxin (Botox; Myobloc) is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. The medical records failed to document cervical range of motion or visual analog scale (VAS) improvement. The request is not medically necessary according to the guidelines.